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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04488 ok

1. Corporation Name
THE PALMS AT BOCA POINTE HOMEOWNERS ASSOCIAITON, INC.

Principal Place of Business
C/O COMMUNITY ASSOC. SERVICES

Mailing Address
951 BROKEN SOUND PRKWY STE 250
BOCA RATON, FL 33487

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30
3. Date Incorporated or Qualifed: 4/29/96	
4. FEI Number: 65-0110568	☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PARKWAY STE 250
BOCA RATON, FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	MOORE, LOU 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	KAREL, AL 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487 ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	KAUFMAN, HAROLD 23501 BUTTERFLY PALM CT. BOCA RATON, FL 33487 ☑ DELETE	31 TITLE DVP 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DTD NAME STREET ADDRESS CITY-ST-ZIP	DINABURG, Richard 23350 FEATHER PALM COAST BOCA RATON, FL ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SACKS, STANLEY 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL ☑ DELETE	51 TITLE DS 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Sam Assissi 7892 Travelers Tree Drive Boca Raton, Fl ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/29/99
OFFICER OR DIRECTOR — Date — Daytime Phone #